



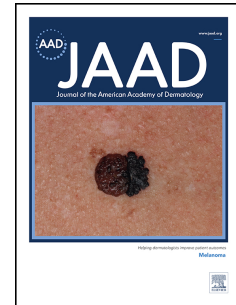
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COVID-19 Booster Exemption for Severe Dyshidrotic Eczema

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Dear Dr. Dermatoethicist:

A 24-year-old male healthcare worker with a dyshidrosis history requested I sign a COVID-19 booster medical exemption form. His workplace has mandated he receive this booster. Despite previous years of resolution, following his second COVID-19 vaccine, he developed an acute, severe pruritic and painful vesicular eruption affecting the entire palmar surface bilaterally requiring him to wear cotton gloves; he was unable to use latex gloves and hand sanitizer for patient care. Now with partial resolution, he is concerned that the booster will cause another flare resulting in his inability to fulfill his clinical obligations. Is signing his booster exemption ethical?

- *Concerned physician*

Dear Concerned Physician:

Per the Center for Disease Control, eczema is not a true contraindication for vaccination, unlike a vaccine component allergy. COVID-19 vaccine-associated cutaneous reactions are self-limited; there is no robust data suggesting underlying skin disease is exacerbated by COVID-19 vaccination. However, the National Eczema Society has acknowledged multiple patient reports of worsening eczema following COVID-19 vaccination and published reports documenting eczematous reactions to the vaccine in patients with prior disease.¹⁻³ Thus, there may be a lack of understanding regarding the potential for multiple vaccine components or the antigen itself to be a trigger. Recommending vaccination in these individuals at theoretical risk for cutaneous reactions, who could otherwise be low risk for COVID complications, may violate the principle of **non-maleficence**.

Conversely, given the polymorphic skin eruptions following COVID-19 infection, there is also the possibility that forgoing the booster increases risk for an eczema flare if the patient becomes infected with COVID-19. The patient's role as a healthcare worker places him at significant risk of COVID-19 infection potentially triggering a similar or worse flare than previously experienced. An infected unboosted healthcare worker could expose patients to COVID-19, resulting in increased morbidity and mortality to others. Therefore, granting the vaccine exception places the dermatologist in an ethical conflict: a physician's role to uphold **the public good** versus to uphold their patient's right to **autonomously** decide whether to vaccinate or not.

Acknowledging the uncertainty of whether the dyshidrosis flare was attributable to the vaccine is recommended. Given the reaction could plausibly be related to a vaccine component or the spike protein, the patient's reluctance is understandable despite the established benefit of the booster protecting against severe COVID-19 illness.⁴ The patient's youth and lack of comorbid medical conditions suggests he is at low risk for developing severe illness. Additionally, new COVID-19 variants may only be marginally

benefitted by the booster.⁵ Due to these equivocal factors, it is less convincing that the benefits of the booster outweigh the potential adverse outcomes including a dyshidrosis flare, loss of work, and lack of decision-making **autonomy** for the patient. However, when considering that the patient's role as a healthcare worker, who would expose other patient's to COVID-19 if he was to become infected, signing the exception for a non-life threatening illness could result in increased morbidity and mortality for others. Given these considerations, granting the COVID vaccine booster exemption is not recommended on behalf of patients and the public good.

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